



OFFICE OF EMERGENCY MANAGEMENT

COMMUNITY EMERGENCY RESPONSE TEAM REGISTRATION FORM

Please type or print clearly

Personal Information:

Mr. ☐
Mrs. ☐ First Name Last Name
Ms. ☐

Home Address

City State Zip Municipality

Date of Birth

Occupation

Employer

Contact Information:

Daytime - ext: Evenings - ext:

Fax - Pager - Cell -

E-Mail Address

SS# - (OR) Driver's License #

Education Information:

Have you completed a CPR course? Yes ☐ No ☐

Month, Day, Year completed

Are you a CPR Instructor? Yes ☐ No ☐

Month, Day, Year completed

Class Information: Please specify the training dates you wish to attend.

Basic Course One

Basic Course Two

Fire Suppression/
Search & Rescue

REMEMBER

Classes must be taken in proper sequence;
first: Basic Course One
next: Basic Course Two
last: Hands on component (search & rescue
and fire suppression) must be completed within
30 days of session one

